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STATE AND FEDERAL GOVERNMENTS IN PUBLIC HEALTH WORK.

Among the interesting papers discussed at the recent Conference of State and Provincial Health Officers at Atlantic City were those dealing with the foundation of Federal public health functions and the relations between Federal and State governments in public health work. These subjects were presented in two papers: One by Dr. Frank J. Goodnow, president of Johns Hopkins University, and the other by Assistant Surgeon Gen. Allan J. McLaughlin, of the United States Public Health Service.

In this number of Public Health Reports the paper by Dr. McLaughlin is presented, and it is hoped that Dr. Goodnow's address can be published in a later number.

Students of public health will undoubtedly find these papers of interest as revealing the recent trend in the interpretations given the constitutional basis of the relationship between Federal and State governments in public health work.

PROPER RELATION OF FEDERAL AND STATE GOVERNMENTS IN PUBLIC HEALTH WORK.¹

By ALLAN J. McLAUGHLIN, Assistant Surgeon General, United States Public Health Service.

The ideal relation between Federal and State governments in public health work should be such as to insure the covering between them of the entire field of public health. All gaps should be covered by one or the other jurisdiction, and in twilight zones there should be the most complete understanding of a frank policy which would preclude overlapping, duplication, or conflict.

If, under such a policy, the Federal Public Health Service did work which the State should do but was unable to do, the Federal Health Service would be acting presumably under its authority to assist States, and its activities should not continue beyond the time when the state officials were able and willing to take over the work.

¹ Read before the Conference of State and Provincial Boards of Health, June 7, 1919, at Atlantic City, N. J., and published in the American Journal of Public Health, August, 1919.

In order to consider the proper relation between Federal and State public health agencies, it is necessary to review briefly the powers and functions of the United States Public Health Service and the authority therefor.

The functions of the United States Public Health Service may be considered under the following heads:

1. Police.
2. Investigative.
3. Demonstrative.
4. Coordinative.

POLICE POWER.

Police power has been given very sparingly to Federal health authorities and delegated by States in large measure to local authorities because the ultimate application of police power to the individual citizen logically belongs to the agency with which he is in direct contact, viz, the local board of health.

It is clear that police power not specifically given by the Constitution to Federal agencies is reserved to the States or to the people. There is also police power implied but not expressed in the Constitution inherent in the Federal Government in connection with the general welfare and interstate commerce clauses. This power is necessary to cover conditions not amenable to or corrigible by State police power, and its exercise can not be an usurpation of State authority.

Congress has repeatedly given police power by statute to Federal agencies to cover such conditions but has always maintained the attitude that in health matters the State and local agencies should be utilized to the limit of their legitimate fields.

The Quarantine Law of 1890 gives very definite powers to the Federal health authorities to prevent the introduction of cholera, yellow fever, smallpox, or plague from one State to another without reference to utilization of State machinery, and provides for the promulgation of rules and regulations with penalties for infraction thereof.

The Quarantine Law of 1893, which includes all communicable diseases, provides that the Public Health Service shall cooperate with and aid State and municipal health boards in the execution and enforcement of State laws and regulations and of Federal laws and regulations. It provides that where no State or local regulations exist or where these are insufficient, the Secretary of the Treasury shall make such additional rules and regulations as are necessary to prevent interstate spread of such diseases.

It provides, further, that the rules and regulations promulgated by the Secretary shall be enforced by State and local authorities where they will undertake to execute and enforce them, but if State or

municipal health authorities fail or refuse to enforce said rules and regulations, the President shall execute and enforce the same and adopt such measures as in his judgment shall be necessary.

In order to carry out this policy of utilizing State and local health machinery in the prevention of the spread of disease, Congress has repeatedly appropriated large sums "to aid State or local boards or otherwise in preventing and suppressing communicable disease" (Epidemic Fund).

Congress annually appropriates for the Interstate Quarantine Service sums of money from \$15,000 to \$1,500,000 for cooperation with State and municipal health authorities in the prevention of the spread of disease in interstate traffic.

The question of delimiting the police powers of Federal and State authorities is an academic one—and for practical purposes satisfactory results can be secured in most sections by utilizing State power alone coordinated with the Federal Health Service in a national program.

As the State health machinery becomes more highly organized and perfected, the need of exercise of Federal police power will diminish and the need of Federal coordinative activity will increase.

The prevention of the spread of epidemic disease from one State to another, may be handled in one of two ways:

1. By the present system of awaiting the outbreak of an epidemic and then attempting its suppression.
2. By maintaining such a close check upon disease prevalence that prompt and early information of undue prevalence is at once available, and that suppressive measures may be taken before actual epidemic proportions are reached.

It is manifest, therefore, that the policy of the United States Public Health Service should be to develop State health departments and especially those divisions in a State health department whose effective operation in the interest of the State itself tends to prevent the spread of disease from one State to another.

The most effective means of preventing interstate spread of disease at the disposal of the Federal Government to-day lies in the development and utilization in every State department of health of strong divisions for control of communicable diseases, water and sewage.

To develop these divisions and bring them to a standard of uniform excellence it is necessary to detail trained men from the Public Health Service to assist the State health officers. In many States these divisions (usually called divisions of communicable disease and divisions of sanitary engineering) do not exist or exist in name only. In States which possess such divisions plain justice suggests that the Federal Government should render some assistance in doing work which is called for by Federal law and regulation.

INVESTIGATIVE FUNCTIONS.

The investigative function of the Public Health Service has no limit other than that set by the amount of money which may be appropriated by Congress.

The act of 1912 authorized the service to study and investigate the diseases of man and conditions influencing the propagation and spread thereof, including sanitation and sewage, and the pollution directly or indirectly of the navigable streams and lakes of the United States.

Under this very broad authority, investigation of any phase of public health work may be undertaken. The act further provides for the publication of information for the use of the public.

Sufficient funds should be secured from Congress to undertake and carry on such research as is necessary in order to furnish to the health officer in the field diagnostic, prophylactic and curative weapons for the suppression of communicable disease.

The economic advantage of doing this in one hygienic laboratory rather than in 48 laboratories is at once apparent.

DEMONSTRATIVE FUNCTIONS.

The work done under the investigative authority of the act of 1912, especially the field work, is nearly always demonstrative and can be utilized as public health demonstrations of all kinds.

In addition Congress has given specific authority for demonstrations in rural sanitation contingent upon partial support by State or local agencies.

Nothing compares in effectiveness with an actual demonstration of how work should be done in the individual communities. Here again the United States Public Health Service is limited only by the amount of money appropriated by Congress.

COORDINATIVE FUNCTIONS.

In achieving national success against any public health problem the coordinative function of the Public Health Service is perhaps the most important function which the service exercises. Some Federal coordinating agency is necessary in order to secure a synchronous attack upon any disease, with uniformity of method over the entire area of the United States. To secure the maximum of improvement in our national health we must have nation-wide programs for each problem with which health officers are confronted.

The example of our Venereal Disease Campaign serves to show what may be accomplished in other fields by the same methods.

The coordinative function of the Federal Public Health Service is but the national demonstration of the function exercised by State and local health authorities over smaller areas.

In other words, public health organization—Federal, State, and local—should have the following relationship:

Supervisory and Coordinating authority.

United States Public Health Service.

State Department of Health.

Local Health Departments.

Working units to be coordinated.

State Departments of Health.

Local Health Departments.

Individual Citizens.

The coordinating and supervisory authority furnishes the program in order to secure team work and endeavors to have this program carried out by all the units in the area within its jurisdiction.

The Public Health Service has a detailed, comprehensive, nationwide program for every public health problem, but these programs can not be put into effect without adequate funds.

I hope I have made it clear that the only need of the Public Health Service is sufficient money to carry out its programs.

The service now possesses all the authority and function which can be given by Congress to a Federal Health Agency within the limits of the Constitution.

Public health work aims at the eradication of preventable disease, the elimination of corrigible physical and mental defects, and the maintenance of all individuals in the best possible physical and mental condition.

To achieve such aims demands a partnership with an exhibition of most perfect teamwork by Federal, State, and local officers. I have already mentioned such a partnership in the Venereal Disease Campaign. The proposed Lever bill for rural hygiene provides, if anything, a better example of what such a partnership should be.

There is ample precedent for this type of Federal cooperation with State and local authorities as Congress has passed similar legislation covering good roads, vocational education, and farm demonstration work.

Let us waste no time in a futile effort to delimit accurately the police power and authority of each of these three jurisdictions, but let us leave such discussion to the academicians. As practical men let us disregard the theoretical boundaries of varying police jurisdictions and attack each health problem by joint concerted action according to a nation-wide program, remembering that the spread of disease recognizes no boundaries—local, State, or Federal.

GOVERNMENT WANTS WORKERS IN VENEREAL DISEASE CAMPAIGN.

The recently created Interdepartmental Social Hygiene Board of the United States Government is in need of a number of specially trained men and women to complete its organization. The United States Civil Service Commission has announced examinations for the following positions: Chief of division for scientific research, \$3,500 to \$4,500 a year; chief of division for educational research and development, \$3,500 to \$4,500 a year; educational assistant, \$2,800 to \$3,600 a year; chief of division of relations with States, \$3,500 to